

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5	1						55			
6							56			
7							57			
8							58			
9	1						59			
10							60			
11							61			
12							62			
13	1						63			
14							64			
15							65			
16	1						66			
17		1					67			
18							68			
19							69			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	2						TOTAL DEP.			
TOTAL CLAIMS	7	33		13	13		TOTAL CLAIMS	1	33	13

Best Available Copy